

Application Data Sheet**Application Information**

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|-------------------------------------|---|
| Application Type:: | National Stage |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | MINIATURE OPTICAL HEAD WITH INTEGRATED SCANNING FOR PRODUCING A HOMOGENEOUS IMAGE AND CONFOCAL IMAGING SYSTEM USING SAID HEAD |
| Attorney Docket Number:: | 0501-1162 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 3 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: GILLES
Middle Name::
Family Name:: MATHIEU
Name Suffix::
City of Residence:: LUNEL
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 105 PLACE DE ROME
Address::
City of Mailing Address:: LUNEL
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-34400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: MAGALIE
Middle Name::
Family Name:: GENET
Name Suffix::
City of Residence:: GUYANCOURT
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 7, RUE EDGAR DEGAS
Address::
City of Mailing Address:: GUYANCOURT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-78280

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERTRAND

Middle Name::

Family Name:: VIELLEROBE

Name Suffix::

City of Residence:: NOGENT SUR MARNE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 121, RUE DE FONTENAY

Address::

City of Mailing Address:: NOGENT SUR MARNE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-94130

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: FRÉDÉRIC

Middle Name::

Family Name:: BERIER

Name Suffix::

City of Residence:: PLOUARZEL

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing STREAT LAMBOAL RUSCUMUNOC

Address::

City of Mailing Address:: PLOUARZEL

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-29810

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

| | |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/FR2004/003402 | 12/29/04 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 0315627 | 12/31/03 | Yes |
| | | | |

Assignment Information

Assignee Name:: MAUNA KEA TECHNOLOGIES
Street of Mailing 9 RUE D'ENGHIEN
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75010